

Case Number:	CM14-0024948		
Date Assigned:	06/11/2014	Date of Injury:	06/24/2012
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old gentleman who was reportedly injured on June 24, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated January 29, 2014, indicated there were ongoing complaints of low back pain radiating to the right buttocks. The physical examination demonstrated normal lower extremity strength and sensation. Multiple trigger points were identified and trigger point injections were provided. There was a diagnosis of lumbar radiculopathy secondary to L3 L4, L4-L5, and L5-S1 disc herniation. Prilosec and Ultram were prescribed, and the urine drug screen was ordered. Additional physical therapy was also requested, as previous physical therapy was stated to help with the injured employee's stiffness and decreased use of pain medications. Requests were made for trigger point injections for the lumbar spine and Prilosec and were not certified in the pre-authorization process. A previous request for ultrasound was approved, and requests for urine drug screens and physical therapy were modified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE TRIGGER POINT INJECTIONS TO THE LUMBAR SPINE USING A COMBINATION OF DEPO-MEDROL AND LIDOCAINE 2 ML (DOS: 01/29/14):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of trigger point injections is only recommended for myofascial pain syndrome with limited lasting value and is not recommended for radicular pain. The attached medical record has no diagnosis of myofascial pain syndrome relating to the injured employee. Furthermore, it is stated that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all criteria are met and there is documented evidence of functional improvement. There was no documentation that the injured employee's trigger points have persisted for more than three months' time or the previous injections provided 50% pain relief for greater than six weeks. Furthermore, it was stated that medications and physical therapy helped the injured employee in the past. For these multiple reasons, this request for trigger point injections is not medically necessary.

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Medical Treatment Guidelines recommend the use of proton pump inhibitors for individuals with gastrointestinal symptoms secondary to anti-inflammatory usage. The attached medical record contains no information regarding any gastrointestinal upset related to the injured employee's use of anti-inflammatory medication nor did any non-steroidal anti-inflammatory medications (NSAID) state to be prescribed. For these multiple reasons, this request for Prilosec is not medically necessary.

RETROSPECTIVE URINE DRUG SCREEN (DOS 01/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines Procedure Summary Pain Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of urine drug screen for ongoing management of opioid medications is only indicated for individuals with issues of abuse, addiction, or poor pain control. There is no mention in the attached medical record that the injured employee has any of these issues. For this reason, this request for urine drug screen is not medically necessary.

PHYSICAL THERAPY 2X6 FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The attached medical record states the injured employee has participated in physical therapy for low back pain and has found this to be beneficial. After previous formal physical therapy visits, the injured employee should be well-versed in what is expected of physical therapy for the lumbar spine and should be able to do this at home via a home exercise program. For this reason, this request for additional physical therapy is not medically necessary.